

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744469

Entity Name: FLORIDA SOCIETY OF ENROLLED AGENTS, INC.**Current Principal Place of Business:**290 NW PEACOCK BLVD
PORT ST. LUCIE, FL 34988**Current Mailing Address:**P O BOX 882084
PORT ST. LUCIE, FL 34988 US**FEI Number: 59-1853783****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WISEMAN, EA, KAREN M
7747 MITCHELL BLVD
SUITE C
TRINITY, FL 34655 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: KAREN M WISEMAN, EA****05/12/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	KIDWELL, EA, RAYMOND
Address	290 NW PEACOCK BLVD
City-State-Zip:	PORT ST LUCIE FL 34988

Title	PE
Name	FREZZA, EA, TONY
Address	290 NW PEACOCK BLVD
City-State-Zip:	PORT ST LUCIE FL 34988

Title	V
Name	VENSEL, EA, LAURA
Address	290 NW PEACOCK BLVD
City-State-Zip:	PORT ST LUCIE FL 34988

Title	IPP
Name	PONS, EA, ROBERTO
Address	290 NW PEACOCK BLVD
City-State-Zip:	PORT ST LUCIE FL 34988

Title	T
Name	WISEMAN, EA, KAREN
Address	290 NW PEACOCK BLVD
City-State-Zip:	PORT ST. LUCIE FL 34988

Title	S
Name	ROSA, EA, MARGO
Address	290 NW PEACOCK BLVD
City-State-Zip:	PORT ST. LUCIE FL 34988

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN M WISEMAN, EA**TREASURER****05/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date